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### NOTICE OF ALLOWANCE AND FEE(S) DUE

25944 7590 02/16/2012 OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 EXAMINER

ASFAW, MESFIN T

ART UNIT PAPER NUMBER

2882

DATE MAILED: 02/16/2012

|   | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 10/588,297      | 11/02/2006  | Naoyuki Kobayashi    | 128977              | 8374             |

TITLE OF INVENTION: EXPOSURE APPARATUS, EXPOSURE METHOD, AND METHOD FOR PRODUCING DEVICE

|   | APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|---|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| - | nonprovisional | NO           | \$1740        | \$300               | \$0                  | \$2040           | 05/16/2012 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>THIS STATUTORY PERIOD CANNOT BE EXTENDED</u>. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

#### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| appropriate. All further<br>indicated unless correcte<br>maintenance fee notifical                              | correspondence includir<br>ed below or directed oth                                                                | ng the Patent, advance on<br>herwise in Block 1, by (a                                                             | rders and notification of many specifying a new corresponding to the cor | aintenance fees wil<br>condence address; a<br>: A certificate of m<br>s) Transmittal. This                      | I be mailed to the current<br>nd/or (b) indicating a sep<br>ailing can only be used for<br>certificate cannot be used                           | correspondence address as<br>arate "FEE ADDRESS" for<br>or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| OLIFF & BER<br>P.O. BOX 32085<br>ALEXANDRIA                                                                     | ,                                                                                                                  | /2012                                                                                                              | have<br>I her<br>State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | its own certificate o  Certit eby certify that this s Postal Service wit                                        | f mailing or transmission.<br><b>Sicate of Mailing or Trans</b><br>Fee(s) Transmittal is bein<br>h sufficient postage for fir                   |                                                                                                                                                  |
|                                                                                                                 |                                                                                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                                                                                                 | (Depositor's name)                                                                                                                               |
|                                                                                                                 |                                                                                                                    |                                                                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                                                                                                                                                 | (Signature)                                                                                                                                      |
|                                                                                                                 |                                                                                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                                                                                                 | (Date)                                                                                                                                           |
| APPLICATION NO.                                                                                                 | FILING DATE                                                                                                        |                                                                                                                    | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I                                                                                                               | ATTORNEY DOCKET NO.                                                                                                                             | CONFIRMATION NO.                                                                                                                                 |
| 10/588,297                                                                                                      | 11/02/2006                                                                                                         |                                                                                                                    | Naoyuki Kobayashi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | 128977                                                                                                                                          | 8374                                                                                                                                             |
|                                                                                                                 |                                                                                                                    |                                                                                                                    | HOD, AND METHOD FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                 |                                                                                                                                                  |
| APPLN. TYPE                                                                                                     | SMALL ENTITY                                                                                                       | ISSUE FEE DUE                                                                                                      | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE I                                                                                              |                                                                                                                                                 |                                                                                                                                                  |
| nonprovisional                                                                                                  | NO                                                                                                                 | \$1740                                                                                                             | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                             | \$2040                                                                                                                                          | 05/16/2012                                                                                                                                       |
| EXAM                                                                                                            | INER                                                                                                               | ART UNIT                                                                                                           | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                                                                                 |                                                                                                                                                  |
| ASFAW, N                                                                                                        | MESFIN T                                                                                                           | 2882                                                                                                               | 355-030000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                                                                                                 |                                                                                                                                                  |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-0<br>Number is required.  3. ASSIGNEE NAME A. PLEASE NOTE: Unl           | less an assignee is identi<br>h in 37 CFR 3.11. Comp                                                               | 'Indication form ed. Use of a Customer A TO BE PRINTED ON Tified below, no assignee                                | (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be particularly (print or type data will appear on the path (B) RESIDENCE: (CITY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ely, firm (having as a n gent) and the names neys or agents. If no rrinted.  e) tent. If an assignee ssignment. | nember a 2of up to o name is 3                                                                                                                  | ocument has been filed for                                                                                                                       |
| Please check the appropr                                                                                        | iate assignee category or                                                                                          | categories (will not be pr                                                                                         | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual 📮 Corp                                                                                               | poration or other private gr                                                                                                                    | oup entity 🗖 Government                                                                                                                          |
|                                                                                                                 | are submitted:  No small entity discount properties                                                                | permitted)                                                                                                         | o. Payment of Fee(s): (Please A check is enclosed. Payment by credit carc The Director is hereby overpayment, to Depos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | l. Form PTO-2038 is<br>authorized to charge                                                                     | s attached.                                                                                                                                     |                                                                                                                                                  |
| * *                                                                                                             | s SMALL ENTITY statu                                                                                               | is. See 37 CFR 1.27.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                               | ENTITY status. See 37 Cered attorney or agent; or the                                                                                           | FR 1.27(g)(2). the assignee or other party in                                                                                                    |
| interest as shown by the i                                                                                      | records of the United Sta                                                                                          | tes Patent and Trademark                                                                                           | Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | .,                                                                                                              | ·                                                                                                                                               |                                                                                                                                                  |
| Authorized Signature                                                                                            | ~                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                            |                                                                                                                                                 |                                                                                                                                                  |
| Typed or printed name                                                                                           |                                                                                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No                                                                                                 |                                                                                                                                                 |                                                                                                                                                  |
| This collection of inform<br>an application. Confident<br>submitting the completed<br>this form and/or suggesti | ation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>cons for reducing this bur- | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OF | on is required to obtain or re<br>1.14. This collection is esti-<br>depending upon the indivi-<br>e Chief Information Office<br>COMPLETED FORMS TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | etain a benefit by the<br>mated to take 12 mi<br>dual case. Any com<br>r, U.S. Patent and T                     | public which is to file (an<br>nutes to complete, including<br>ments on the amount of ti-<br>rademark Office, U.S. Dep<br>SEND TO: Commissioner | d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents P.O. Box 1450.          |

Alexandria, Virginia 22313-1450.

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UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS

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| APPLICATION NO.           | FILING DATE                                  | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---------------------------|----------------------------------------------|----------------------|---------------------|------------------|
| 10/588,297                | 11/02/2006 Naoyuki Kobayashi                 |                      | 128977              | 8374             |
| 25944 75                  | 90 02/16/2012                                | EXAMINER             |                     |                  |
| OLIFF & BERRI             |                                              | ASFAW, MESFIN T      |                     |                  |
|                           | P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850 |                      |                     | PAPER NUMBER     |
| ALEXANDRIA, VA 22320-4030 |                                              |                      | 2002                |                  |
|                           |                                              |                      | 2882                |                  |

DATE MAILED: 02/16/2012

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

### **Privacy Act Statement**

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

- 1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
- 2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
- 3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
- 4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
- 5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
- 6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
- 8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
- 9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application No.                                                                                               | Applicant(s)                                                         |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/588,297                                                                                                    | KOBAYASHI ET AL.                                                     |  |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Examiner                                                                                                      | Art Unit                                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MESFIN T. ASFAW                                                                                               | 2882                                                                 |  |  |
| The MAILING DATE of this communication appear All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (OR REMAINS) CLOSED in this app<br>or other appropriate communication<br>GHTS. This application is subject to | olication. If not included will be mailed in due course. <b>THIS</b> |  |  |
| 1. A relation was made by the applicant in ground and the state of the |                                                                                                               | la takan dan ara sa kata masakatakan                                 |  |  |
| 2. An election was made by the applicant in response to a rest requirement and election have been incorporated into this action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | riction requirement set forth during the                                                                      | ne interview on; the restriction                                     |  |  |
| 3. A The allowed claim(s) is/are <u>1-8,10,30-33,35,44,65,68,70-72</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and 74-93.                                                                                                    |                                                                      |  |  |
| <ul> <li>4. Acknowledgment is made of a claim for foreign priority under a) All b) Some* c) None of the: <ol> <li>Certified copies of the priority documents have</li> <li>Certified copies of the priority documents have</li> <li>Copies of the certified copies of the priority documents have</li> <li>Copies of the certified copies of the priority documents have</li> <li>International Bureau (PCT Rule 17.2(a)).</li> </ol> </li> <li>* Certified copies not received: <ol> <li>Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.</li> </ol> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | been received.  been received in Application No cuments have been received in this r                          | national stage application from the                                  |  |  |
| 5. A SUBSTITUTE OATH OR DECLARATION must be submit INFORMAL PATENT APPLICATION (PTO-152) which give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                      |  |  |
| <ul> <li>6. CORRECTED DRAWINGS ( as "replacement sheets") must be submitted.</li> <li>(a) including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached</li> <li>1) hereto or 2) to Paper No./Mail Date</li> <li>(b) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                      |  |  |
| Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in the sheet. The property of the sheet of the she | he header according to 37 CFR 1.121(o                                                                         | d).<br>bmitted. Note the                                             |  |  |
| attached Examiner's comment regarding REQUIREMENT FO  Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OR THE DEPOSIT OF BIOLOGICAL                                                                                  | MATERIAL.                                                            |  |  |
| 1. Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. Notice of Informal P                                                                                       |                                                                      |  |  |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. ☐ Interview Summary<br>Paper No./Mail Dat                                                                  |                                                                      |  |  |
| <ol> <li>Information Disclosure Statements (PTO/SB/08),         Paper No./Mail Date <u>See Continuation Sheet</u></li> <li>Examiner's Comment Regarding Requirement for Deposit of Biological Material</li> <li>/MESFIN T ASFAW/ Examiner, Art Unit 2882</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. 🗌 Examiner's Amendn                                                                                        |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                      |  |  |

Continuation of Attachment(s) 3. Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date: 08/02/2011, 01/23/2012.